



Send completed forms to
DOH Communicable
Disease Epidemiology
Fax: 206-361-2930

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Vibriosis (non-cholera)

County _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Diarrhea** Maximum # stools in 24 hours: ____
☐ ☐ ☐ ☐ Bloody diarrhea
☐ ☐ ☐ ☐ **Watery diarrhea**
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ **Vomiting**
☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐ ☐ ☐ ☐ Headache
☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)
☐ ☐ ☐ ☐ Rash

Predisposing Conditions

Y N DK NA
☐ ☐ ☐ ☐ Immunosuppressive therapy or disease
☐ ☐ ☐ ☐ Systemic corticosteroids in last 30 days
☐ ☐ ☐ ☐ Cancer, solid tumors, or hematologic malignancies
☐ ☐ ☐ ☐ Chemotherapy 30 days prior to onset
☐ ☐ ☐ ☐ Chronic diabetes
☐ ☐ ☐ ☐ Insulin-dependent diabetes
☐ ☐ ☐ ☐ Chronic heart disease
☐ ☐ ☐ ☐ Preexisting heart failure
☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past
☐ ☐ ☐ ☐ Peptic ulcer
☐ ☐ ☐ ☐ Chronic liver disease
☐ ☐ ☐ ☐ Chronic kidney disease
☐ ☐ ☐ ☐ Antacid use regularly
☐ ☐ ☐ ☐ H2 blocker or ulcer medication (e.g. Tagamet, Zantac, Omeprazole)
☐ ☐ ☐ ☐ Radiotherapy in last 30 days
☐ ☐ ☐ ☐ Antibiotic use in 30 days prior to onset
☐ ☐ ☐ ☐ Acute injury or wound Date: ____/____/____
Anatomic site: _____
☐ ☐ ☐ ☐ Alcoholism

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Sepsis syndrome**
☐ ☐ ☐ ☐ **Shock**
☐ ☐ ☐ ☐ **Cellulitis**
☐ ☐ ☐ ☐ **Cutaneous ulcer**
☐ ☐ ☐ ☐ Hematologic disease
☐ ☐ ☐ ☐ Other clinical findings consistent with illness
Specify: _____

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ Hospitalized for this illness
Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy

Laboratory

Collection date ____/____/____
Y N DK NA
☐ ☐ ☐ ☐ **Pathogenic non-cholera *Vibrio* species isolation (clinical specimen)**
Specimen source: ☐ Stool ☐ Wound
☐ Other: _____
Species: _____
☐ ☐ ☐ ☐ Food specimen submitted for testing

NOTES

INFECTION TIMELINE

Enter onset date (first sx)
in heavy box. Count
backward to figure
probable exposure
periods

Days from
onset:

Exposure period

-4

-0

o
n
s
e
t

Calendar dates:

EXPOSURE* (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Contact with lab confirmed case

☐ Household ☐ Sexual

☐ Needle use ☐ Other: _____

☐ ☐ ☐ ☐ Shellfish or seafood

County or location shellfish collected: _____

Undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Handled raw seafood

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Note: Section IV (only) of the CDC surveillance report form is also required for each seafood type ingested during the exposure period. The CDC surveillance report form can be found at:

<http://www.doh.wa.gov/ehp/sf/vibqx.pdf>

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: _____
Date/time antibiotic treatment began: ____/____/____ AM PM # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

☐ Initiate trace-back investigation

☐ Restaurant inspection

☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____